Summary Report for Individual Task
081-831-1001
Evaluate a Casualty (Tactical Combat Casualty Care)
Status: Approved

Condition: You have a casualty who has signs/symptoms of an injury. Your unit may be under fire. Some iterations of this task should be performed in MOPP.

Standard: Evaluate the casualty following the correct sequence. Identify all life-threatening conditions and other serious wounds.

Special Condition: None

Special Standards: None

Special Equipment: None

MOPP: Sometimes

Task Statements

Cue: None

DANGER
None

WARNING
None

CAUTION
None

Remarks: None

Notes: Note: Tactical combat casualty care (TCCC) can be divided into three phases. The first is care under fire; the second is tactical field care; the third is combat casualty evacuation care. In the first, you are under hostile fire and are very limited as to the care you can provide. In the second, you and the casualty are relatively safe and no longer under effective hostile fire, and you are free to provide casualty care to the best of your ability. In the third, the care is rendered during casualty evacuation (CASEVAC).

WARNING: If a broken neck or back is suspected, do not move the casualty unless to save his/her life.

Performance Steps

1. Perform care under fire.

    a. Return fire as directed or required before providing medical treatment.

    b. Determine if the casualty is alive or dead.

    Note: In combat, the most likely threat to the casualty's life is from bleeding. Attempts to check for airway and breathing will expose the rescuer to enemy fire. Do not attempt to provide first aid if your own life is in imminent danger. In a combat situation, if you find a casualty with no signs of life--no pulse, no breathing--do NOT attempt to restore the airway. Do NOT continue first aid measures.

    c. Provide tactical care to the live casualty.

    Note: Reducing or eliminating enemy fire may be more important to the casualty's survival than the treatment you can provide.

    (1) Suppress enemy fire.

    (2) Use cover or concealment (smoke).

    (3) Direct the casualty to return fire, move to cover, and administer self-aid (stop bleeding), if possible. If the casualty is unable to move and you are unable to move the casualty to cover and the casualty is still under direct enemy fire, have the casualty "play dead."

    (4) If the casualty is unresponsive, move the casualty, his/her weapon, and mission-essential equipment to cover, as the tactical situation permits.

    (5) Keep the casualty from sustaining additional wounds.

    (6) Reassure the casualty.

    d. Administer life-saving hemorrhage control.

    (1) Determine the relative threat of the tactical situation versus the risk of the casualty's bleeding to death.

    (2) If the casualty has severe bleeding from a limb or has suffered amputation of a limb, administer life-saving hemorrhage control by applying a tourniquet before moving the casualty. (See task 081-831-1032.)

    e. Transport the casualty, his/her weapon, and mission-essential equipment when the tactical situation permits.

    f. Recheck bleeding control measures as the tactical situation permits.

WARNING

If there are any signs of nerve agent poisoning, stop the evaluation, take the necessary protective measures, and begin first aid. (See task 081-831-1044.)

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2. Perform tactical field care when no longer under direct enemy fire.

    Note: Tactical field care is rendered by the individual when no longer under hostile fire. Tactical field care also applies to situations in which an injury has occurred during the mission but there has been no hostile fire. Available medical equipment is limited to that carried into the field by the individual Soldier. In the following situations communicate the medical situation to the unit leader and ensure that the tactical situation allows for time to perform these steps before initiating any medical procedure. When evaluating and/or treating a casualty, seek medical aid as soon as possible. Do NOT stop treatment. If the situation allows, send another person to find medical aid.

a. Form a general impression of the casualty as you approach (extent of injuries, chance of survival).

   Note: If a casualty is being burned, take steps to remove the casualty from the source of the burns before continuing evaluation and treatment. (See task 081-831-1007.)

b. Check for responsiveness.

   (1) Ask in a loud, but calm, voice: "Are you okay?" Gently shake or tap the casualty on the shoulder.

   (2) Determine the level of consciousness by using AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.

   Note: To check a casualty's response to pain, rub the breastbone briskly with a knuckle or squeeze the first or second toe over the toenail.

   (3) If the casualty is conscious, ask where his/her body feels different than usual, or where it hurts. Skip steps 2c and 2d. Go to step 2e.

   Note: If the casualty is conscious but is choking and cannot talk, stop the evaluation and begin treatment. (See task 081-831-1003.)

   (4) If the casualty is unconscious, continue with step 2c.

c. Position the casualty and open the airway. (See task 081-831-1023.)

d. Assess for breathing and chest injuries.

   (1) Look, listen, and feel for respiration. (See task 081-831-1023.)

   Note: If the casualty is breathing, insert a nasopharyngeal airway (see task 081-831-1023) and place the casualty in the recovery position. On the battlefield the cost of attempting cardiopulmonary resuscitation (CPR) on casualties with what are inevitably fatal injuries may result in additional lives lost as care is diverted from casualties with less severe injuries. Only in the case of nontraumatic disorders such as hypothermia, near drowning, or electrocution should CPR be considered prior to the CASEVAC phase.

   (2) Expose the chest and check for equal rise and fall and for any wounds. (See task 081-831-1026.)

      (a) If the casualty has a penetrating chest wound and is breathing or making an effort to breathe, stop the evaluation to apply a dressing.

      (b) Monitor for increasing respiratory distress. If this occurs, decompress the chest on the same side as the injury. (See task 081-831-1026.)

      (c) Position or transport with the affected side down, if possible.

e. Identify and control bleeding.

   (1) Check for bleeding.

      (a) Remove only the minimum amount of clothing to expose and treat injuries. Protect the casualty from the environment (heat and cold).

      (b) Look for blood-soaked clothes.

      (c) Look for entry and exit wounds.

      (d) Place your hands behind the casualty's neck and pass them upward toward the top of the head. Note whether there is blood or brain tissue on your hands from the casualty's wounds.

(e) Place your hands behind the casualty's shoulders and pass them downward behind the back, the thighs, and the legs. Note whether there is blood on your hands from the casualty's wounds.

(2) If life-threatening bleeding is present, stop the evaluation and control the bleeding. Apply a tourniquet, chitosan dressing, emergency bandage, or field dressing, as appropriate. (See tasks 081-831-1025, 081-831-1026, 081-831-1032, and 081-831-1033.) Treat for shock and establish a saline lock/intravenous infusion, as appropriate. (See tasks 081-831-1005, 081-831-1011, and 081-831-1012.)

Note: If a tourniquet was previously applied, consider converting it to a pressure dressing. (See task 081-831-1032.) Converting the tourniquet to a pressure dressing may save the casualty's limb if the tourniquet has not been in place for 6 hours.

(3) Dress all wounds, including exit wounds.

f. Check for fractures.

(1) Check for open fractures by looking for bleeding or a bone sticking through the skin.

(2) Check for closed fractures by looking for swelling, discoloration, deformity, or unusual body position.

(3) If a suspected fracture is present, stop the evaluation and apply a splint. (See task 081-831-1034.)

g. Check for burns.

(1) Look carefully for reddened, blistered, or charred skin. Also check for singed clothes.

(2) If burns are found, stop the evaluation and begin treatment. (See task 081-831-1007.)

h. Administer pain medications and antibiotics (the casualty's combat pill pack) to any Soldier wounded in combat.
Note: Each Soldier will be issued a combat pill pack before deploying on tactical missions.

i. Document the casualty's injuries and the treatment given on the field medical card (FMC), if applicable.
Note: The FMC is usually initiated by the combat medic. However, a certified combat lifesaver can initiate the FMC if a combat medic is not available or if the combat medic directs the combat lifesaver to initiate the card. A pad of FMCs is part of the combat lifesaver medical equipment set.

j. Transport the casualty to the site where evacuation is anticipated. (See task 081-831-1046.)

3. Monitor an unconscious casualty during CASEVAC.
Note: CASEVAC refers to the movement of casualties aboard nonmedical vehicles or aircraft. Care is rendered while the casualty is awaiting pickup or is being transported. A Soldier accompanying an unconscious casualty should monitor the casualty's airway, breathing, and bleeding. The FMC is usually initiated by the combat medic. However, a certified combat lifesaver can initiate the FMC if no combat medic is available or if the combat medic directs the combat lifesaver to initiate the card. A pad of FMCs is part of the combat lifesaver medical equipment set. The FMC provides medical personnel who see the casualty during evacuation with essential information about the casualty's injury or disease and the treatment already given.

4. Remove the protective sheet.
Note: The back of the original card is impregnated so that the information written on the front of the card will also appear on the front of the duplicate sheet.

5. Enter primary information (blocks 1, 3, 4, 9, and 11).

a. Block 1, Name and other identifying information. Required information is self-explanatory.
Note: If the casualty is a member of a foreign military, including a prisoner of war, enter the casualty's military service number instead of social security number. If the casualty is not military, leave the block blank.

b. Block 3, Injury.

(1) Horizontal row at top. Mark the box to indicate the type of injury:

(a) If the casualty is suffering trauma (battle casualty), mark the box in front of "BC/BC."

(b) If the casualty is a nuclear, biological agent, or chemical agent casualty, mark the box in front of "NBC/NBC

(c) If the casualty is ill and is not classifiable as one of the three other categories, mark the box in front of "DISEASE/MALADE."

(d) If the casualty is suffering from combat stress or other psychological injury, mark the box in front of "PSYCH/PSYCH."

(2) Left portion. Mark the location(s) of the casualty's injury(ies). Be sure that the casualty has been checked for both entrance wounds and exit wounds

(3) Vertical row on the right. Mark the appropriate box or boxes to describe the casualty's injury or injuries. If the box for "OTHER" is checked, enter the description in the area below the boxes/descriptions. If the casualty's condition has been covered in one of the boxes in the column, then the "OTHER" block should not be marked.

c. Block 4, Level of consciousness. Check the appropriate box for level of consciousness, using the AVPU system.

d. Block 9, Treatment/Observations/Current Medications/Allergies/NBC (Antidote). Enter a brief description of the treatment given. Use approved abbreviations, if possible. If needed, use block 14 on the back of the card for additional space.
Note: Listed below are some of the abbreviations authorized to be used on the FMC:
 - Abraded wound--Abr W
 - Contused wound--Cont W
 - Fracture (compound) open--FC
 - Fracture (compound) open comminuted--FCC
 - Fracture simple (closed)--FS
 - Lacerated wound--LW
 - Multiple wounds--MW
 - Penetrating wound--Pen W
 - Perforating wound--Perf W
 - Severe--SV
 - Slight-SL

e. Block 11, Provider/Unit. Enter your initials in the far right of the signature box
Note: This will let the medical personnel know who initially treated the casualty and still leave room for the medical officer to sign the card. These instructions assume that there is no combat medic present. If the combat medic is present, he should enter his initials in the box. Do not enter anything in the date box. This box is completed by the medical officer.

6. Enter information in blocks 6 and 8, if applicable.

a. Block 6, Tourniquet. If a tourniquet was applied, mark the YES box. If you check YES, also indicate the date in YY/MM/DD format (last two digits of the year/number of the month/number of the day of the month) and time that it was applied (use military 24-hour time) in the "Time" box.

b. Block 8, IV. If an intravenous (IV) infusion has been initiated, write the type of IV fluid in the "IV" box and the date (YY/MM/DD) and time (military) that the intravenous solution was begun in the "Time" box.

7. The other blocks, with the exception of block 2, will normally be filled out only by medical personnel.

a. If time permits, enter the casualty's unit and country of whose armed forces he/she is a member in block 2.

b. Check the box corresponding to the armed service of which the casualty is a member.

c. Mark the "A/T" box for Army, the "AF/A" box for Air Force, the "N/M" box for Navy, and the "MC/M" box for Marine Corps.

8. Attach the FMC to the casualty.

a. Remove the card from the pad, being careful not to tear out the duplicate (white sheet).

b. Attach the card to the casualty by threading the wire through the top buttonhole of uniform and then twisting the wire.

c. Position the FMC so that it remains in plain view.

9. Document the casualty's injuries and the treatment given on the tactical combat casualty care (TCCC) card, if applicable.

Note: Since electronic forms are not compatible with the battlefield environment, a new casualty card will be made available to document the care for injured soldiers at the point of wounding. The proposed 4.5-inch by 6-inch card is based on the principles of tactical combat casualty care (TCCC) and addresses the initial lifesaving care provided at the point of wounding. Its format is simple, often with a circle or X in the appropriate block. This casualty card will be found in each Soldiers Improved First Aid Kit (IFAK). Use an indelible marker to fill it out. Attach it to the casualty's belt loop, or place it in their upper left sleeve, or the left trouser cargo pocket. Include as much information as you can.

a. Casualty's name and identification: (name/ID). The Soldier should have entered his last name and first name as a minimum in the "Name/ID" portion of his/her card before he placed the card in their IFAK

b. Allergies. The Soldier should have listed any allergic reactions to medications on his/her card before placed the card in their IFAK. If the information is not entered, obtain the information from the casualty or from any medical alert identification, if possible.

c. Date-Time Group (DTG). Enter the date and military time that you begin treatment of the casualty. For example: 17 May 1530. The year need not be entered.

d. Date-Time Group (DTG). Enter the date and military time that you begin treatment of the casualty. For example: 17 May 1530. The year need not be entered.

e. Type of Injury. Circle the type of injury: gunshot wound (GSW), blast, motor vehicle accident (MVA), or other. If "other" is indicated, enter an explanation in the blank following "Other

f. Time Tourniquet Applied (TQ Time). If a tourniquet has been applied to the casualty, enter the military time that the tourniquet was applied, such as "1540." The date and year does

g. Location of Wound(s). The card contains two body pictures, one of the casualty's front and another for the casualty's back. Place an "X" on the illustration to indicate the place of injury or the wound site. If there is an entrance wound and an exit wound, place one "X" on the front figure and another "X" on the back figure. Place as many X's as needed.

Note: The figures contain burn percentages based upon the rule of nines. Use these figures in estimating the percentage of body surface burned.

h. Vital Signs. The chart is used to record the casualty's level of consciousness and vital signs.

(1) Enter the time.

(2) Enter the casualty's level of consciousness using the AVPU system in the "AVPU" box. Enter for alert, V for verbal, P for pain, or U for unresponsive.

(3) Enter the casualty's pulse rate in the "Pulse" box.

(4) Enter the casualty's respiration rate (complete breaths per minute-even or odd number) in the "Resp" box

(5) Enter the casualty's blood pressure (if applicable) in the "BP" box.

10. Complete the back (reverse) side of the TCCC card.

a. Record airway interventions (Line A).

b. Record breathing interventions (Line B).

c. Record bleeding control measures (Line C).

d. Indicate the method used to administer the fluids. Circle "IV" for intravenous infusion and "IO" for intraosseous (through the bone) infusion.

e. Record drugs given. Enter the type, dose and route.
   Note: Enter any pertinent notes or observations in the lines below the OTHER line in the DRUGS section

f. Sign the card.
   Note: If you are assisting a combat medic, he/she will sign the card. If you are acting as a combat lifesaver and no combat medic is present, print your name and rank in the medic's name line at the bottom of the card. Documentation of care. Record each specific intervention in each category. If you are not sure what to do, the card will prompt you where to go next. Simply circle the intervention you performed. Explain any action you want clarified in the remarks area. Documentation of care. You may not be able to perform all the interventions on the card or that the casualty needs. However, when the medic is available he/she can add additional treatments to the card. This card can be filled out in less than two minutes. It is important to document the care given to the casualty. Review TCCC Card Abbreviations

11. Transport the casualty to the site where evacuation is anticipated. (See task 081-831-1046.)

12. Monitor an unconscious casualty during CASEVAC.
   Note: CASEVAC refers to the movement of casualties aboard nonmedical vehicles or aircraft. Care is rendered while the casualty is awaiting pickup or is being transported. A Soldier accompanying an unconscious casualty should monitor the casualty's airway, breathing, and bleeding.

(Asterisks indicates a leader performance step.)

Evaluation Preparation:
Setup: Prepare a "casualty" for the Soldier to evaluate in step 2 by simulating one or more wounds or conditions. Simulate the wounds using a war wounds moulage set, casualty simulation kit, or other available materials. You can coach a "conscious casualty" on how to respond to the Soldier's questions about location of pain or other symptoms of injury. However, you will have to cue the Soldier during evaluation of an "unconscious casualty" as to whether the casualty is breathing and describe the signs or conditions, as the Soldier is making the checks.

Brief Soldier: To test step 1, tell the Soldier that his/her unit is under fire and ask him/her what he/she should do to provide aid to casualties. For step 2, tell the Soldier that the tactical situation permits full evaluation of the casualty. Tell him/her to do, in order, all necessary steps to evaluate the casualty and identify all wounds and/or conditions. Tell the Soldier that he/she will not perform first aid but will tell you what first aid action (give mouth-to-mouth resuscitation, bandage the wound, and so forth) he/she would take. After he/she has completed the checks (step 2f), ask him/her what else he/she should do. To test step 3, ask him/her what he/she should do while evacuating an unconscious casualty.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Performed care under fire.			
a. Suppressed enemy fire to keep the casualty from sustaining additional wounds.			
b. Encouraged responsive casualties to protect themselves and perform self-aid, if able.			
c. Administered life-saving hemorrhage control.			
d. Transported the casualties, weapons, and mission-essential equipment, when the tactical situation permitted.			
2. Performed tactical field care.			
a. Checked for responsiveness.			
b. Positioned the casualty and opened the airway.			
c. Assessed for breathing and chest injuries.			
d. Identified and controlled bleeding.			
e. Checked for fractures.			
f. Checked for burns.			
g. Administered pain medications and antibiotics, if appropriate.			
h. Documented the casualty's injuries and treatment given on the field medical card, if applicable.			
i. Transported the casualty to the site where evacuation is anticipated.			
3. Monitored an unconscious casualty's airway, breathing, and bleeding during casualty evacuation.			
4. Performed all necessary steps in sequence.			
5. Identified all wounds and/or conditions.			
6. Monitored an unconscious casualty's airway, breathing, and bleeding during casualty evacuation.			
7. Performed all necessary steps in sequence.			
8. Identified all wounds and/or conditions.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
1.	FM 4-25.11	First Aid	No	No
2.	FM 4-25.11	First Aid	No	No
3.	FM 4-25.11	First Aid	No	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination. In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks :

Task Number	Title	Proponent	Status
130-LDAC-1012	LDAC First Aid Lane 1	130 - Cadet Command	Analysis
081-831-1046	Transport a Casualty	081 - Medical (Individual)	Superseded
081-831-1025	Perform First Aid for an Open Abdominal Wound	081 - Medical (Individual)	Approved
081-831-1044	Perform First Aid for Nerve Agent Injury	081 - Medical (Individual)	Approved
081-831-1023	Perform First Aid to Restore Breathing and/or Pulse	081 - Medical (Individual)	Approved
081-831-1026	Perform First Aid for an Open Chest Wound	081 - Medical (Individual)	Approved
081-831-1034	Perform First Aid for a Suspected Fracture	081 - Medical (Individual)	Approved
081-831-1033	Perform First Aid for an Open Head Wound	081 - Medical (Individual)	Approved
081-831-1007	Perform First Aid for Burns	081 - Medical (Individual)	Superseded
081-831-1005	Perform First Aid to Prevent or Control Shock	081 - Medical (Individual)	Superseded
081-831-1032	Perform First Aid for Bleeding of an Extremity	081 - Medical (Individual)	Approved
081-831-1003	Perform First Aid to Clear an Object Stuck in the Throat of a Conscious Casualty	081 - Medical (Individual)	Superseded

Supported Individual Tasks :

Task Number	Title	Proponent	Status
130-LDAC-1014	LDAC First Aid Lane 3	130 - Cadet Command	Analysis
081-831-1058(Step: 1.)	Supervise Casualty Treatment and Evacuation	081 - Medical (Individual)	Approved
081-831-1058(Step: 2.)	Supervise Casualty Treatment and Evacuation	081 - Medical (Individual)	Approved

Supported Collective Tasks :

Task Number	Title	Proponent	Status
07-5-1503	Conduct Long-Range Surveillance Unit Sustainment	07 - Infantry (Collective)	Approved
40-5-2003	Perform Emergency Actions (FDC)	40 - Space and Missile Defense (Collective)	Approved
05-3-1703	Perform Dismounted Route Search	05 - Engineers (Collective)	Approved
08-2-0003(Step: 2.)	Treat Casualties	08 - Medical (Collective)	Analysis
19-6-1005	Conduct Critical Facilities Security GMD	19 - Military Police (Collective)	Analysis
05-3-1702	Perform Route Search	05 - Engineers (Collective)	Approved
05-5-5518	Perform Medical Treatment for Diving Disorders Requiring Recompression Therapy	05 - Engineers (Collective)	Approved
08-2-0351(Step: 2.)	Provide Direct Ground Evacuation Support	08 - Medical (Collective)	Approved
17-5-5522	Evacuate an Injured Crewman from a Mobile Gun System	17 - Armor (Collective)	Approved
08-2-0003(Step: 3.)	Treat Casualties	08 - Medical (Collective)	Analysis
08-2-0119(Step: 2.)	Provide Behavioral Health Services and Support	08 - Medical (Collective)	Approved

40-6-1001	Conduct Ground-based Midcourse Defense Critical Installations and Facilities Security (Battalion - Brigade)	40 - Space and Missile Defense (Collective)	Approved
03-5-1014	Establish Civil Support Team (CST) Medical Support	03 - CBRN (Collective)	Approved
17-5-5520	Created on:Evacuate an Injured Crewman from a M1 Series Tank	17 - Armor (Collective)	Analysis
19-3-2016	Conduct Entry Control Facility Procedures BMD	19 - Military Police (Collective)	Approved
08-2-0119(Step: 1.)	Provide Behavioral Health Services and Support	08 - Medical (Collective)	Approved
08-2-0003(Step: 3.)	Treat Casualties	08 - Medical (Collective)	Approved
05-3-1701	Perform Route Reconnaissance and Clearance (RRC)	05 - Engineers (Collective)	Approved
07-2-1387	Employ a Reserve Force (Platoon-Company)	07 - Infantry (Collective)	Analysis Completed
05-5-5520	Perform Emergency Medical Treatment for Diving Disorders Not Requiring Recompression Therapy	05 - Engineers (Collective)	Approved
17-5-5522	Evacuate an Injured Crewman from a Mobile Gun System (MGS)	17 - Armor (Collective)	Analysis
19-3-2015	Conduct Security Command Center Procedures BMD	19 - Military Police (Collective)	Approved
19-3-2019	Conduct Immediate Response Force BMD	19 - Military Police (Collective)	Approved
08-2-0003(Step: 2.)	Treat Casualties	08 - Medical (Collective)	Approved
40-5-1003	Perform Emergency Actions (MDE)	40 - Space and Missile Defense (Collective)	Approved

ICTL Data :

ICTL Title	Personnel Type	MOS Data
MOS 74D - Chemical Operations Specialist - SL1	Enlisted	MOS: 74D, Skill Level: SL1
Engineer Lieutenants' Common Core Task List	Officer	AOC: 12B, Rank: 2LT, Duty Pos: AAT
BOLC Template - V1	Officer	AOC: 000
USAALS - IMT FTX WTBD	Enlisted	MOS: CMF15, Skill Level: SL1, Duty Pos: IMT
Will new ICTL	Enlisted	MOS: 11B, Skill Level: SL1, Duty Pos: OLK